# REVIEWER'S FORM FOR APLICATIONS/ PROPOSALS

**Type of Application/proposal for review (tick appropriately):** New [__] Amendment [__]

**Category of Review**: Full review ☐ Expedited ☐

**Title of project/study** _____

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**Name of Principal Investigator(s):** _____

_____

_____

**Institutional Affiliation and addresses**: _____

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Name of Co-Investigators/ Supervisors (students work) and Institutional affiliation

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| **Review of Proposal/Application** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| Does the reviewer have any conflict of interest in reviewing this protocol?* | | | |
| Does the Application/Proposal involve human subjects | | | |
| Does the +Application/Proposal involve animals | | | |
| Does the Application/Proposal involve radioisotopes | | | |
| Does the Application/Proposal involve biohazards | | | |
| Has the Application/Proposal been cleared by the School of Graduate Studies/forward by the appropriate committee | | | |
| Have MMUST Faculty/Scientists been included appropriately | | | |

*Please declare conflict of interest and return to the secretariat ASAP if you are **not** able to review it due to such conflict _____

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| **PROTOCOL DETAILS (RESPOND TO ALL)** | Yes | No | N/A |
|---|---|---|---|
| Is the research a current priority area | | | |
| Conceptual framework/ hypothesis clearly stated by applicant (s) | | | |
| Research question (s) clearly stated by applicant (s) | | | |
| Objective (s) clearly stated by applicant (s) | | | |
| **METHODOLOGY (RESPOND TO ALL)** | Yes | No | N/A |
| Are the study procedures stated clearly and appropriate | | | |
| Have the applicants stated study limitations and potential biases addressed | | | |
| Is the proposed study/project relevant to the current health needs of the community | | | |
| **ONLY RESPOND IF THE STUDY HAS BIOLOGICAL SPECIMENS / ANIMAL USE** | | | |
| Are there invasive procedures to be used i.e blood withdrawal or administration of test materials such as drugs or vaccines | | | |
| If yes above, is there qualified personnel to conduct the procedures | | | |
| Are there clear procedures of how to deal with potential serious adverse events | | | |
| Are the biological materials appropriate for answering the study questions | | | |
| Has consent for storage and future use of samples sought | | | |
| Is there shipment of biological materials | | | |
| Is the shipment necessary and appropriate | | | |
| Have all safety issues been addressed? ( biohazard etc) | | | |
| Research with animals – has this been approved by Animal Care & Use Committee (ACUC) | | | |
| **ETHICAL CONSIDERATIONS** | | | |
| Potential harm in the following areas: physical (e.g., injury, fatigue), psychological (e.g., stress, fear), social (e.g., loss of friends), and economic (e.g., loss of wages) harm has been minimized | | | |
| Participants of research are not put at a disadvantage or exposed to un anticipated situations | | | |
| Potential benefits have been maximized and to communicated to participants | | | |
| Participation will be voluntary and informed consent will be sought | | | |
| Copy of informed consent form attached | | | |
| There is full disclosure of the study | | | |
| There will be fair and equitable treatment before, during, and after their participation in the study | | | |
| There will be fair and non-discriminatory selection of participants such that any risks and benefits will be equitably shared | | | |
| There will be Respect for cultural and other forms of human diversity | | | |
| There will be non-prejudicial treatment of those who decline to participate or who withdraw from the study after agreeing to participate | | | |
| There will be confidential treatment of data and participant information. Researcher MUST demonstrate how this will be achieved | | | |
| Are there provision clearly stated to safeguard/protect the rights and welfare of vulnerable study/project participants/groups | | | |
| Are there provisions for compensation of study/project participants/groups | | | |
| Is there evidence of GCP/Ethics training by the Principle investigators | | | |

**SUMMARY OF PROJECT/**
**RESEARCH PROTOCOL:**

| | | | |
|---|---|---|---|
| Are Ethical concerns addressed appropriately including counseling and consenting of study subjects | | | |
| Are Ethical concerns addressed appropriately specifically testing /storage and exportation of specimens (where applicable) | | | |
| Are there plans for collection, storage and protection of study/project data and/or biological samples/specimens | | | |
| Is there evidence of access to information in relation to achieving the study's/project's objectives | | | |

**Additional comments:**
Please provide a comprehensive list of typed comments you may wish to be sent anonymously to the Applicant/Investigator of the protocol

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**REVIEWERS RECOMMENDATION**

**Please provide comments in the space provided regardless of the recommendation**

[ ] Recommended with no further changes
[ ] Recommended with minor revisions/ (revisions confirmed by secretariat)
[ ] Recommended with major revisions/ (protocol to be sent back to the reviewers)
[ ] Not recommended

**REVIEWER DETAILS**

Name: _____

Affiliation: _____

Designation: _____

Signature: _____ Date_____